

Tax Administration / Appraisal Division

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2020 Valuation Appeal Form * Required Fields

Parcel Number: *	Please submit a completed form for each parcel number.
Property Address: *	
Owner(s): *	
Appellant: *	
Appellant Mailing Address: *	
	State: Zip:
	Cell: () Work: ()
Appellant E-mail:	
Signature: *	
	ed power-of-attorney form signed by the property owners with this appeal.
revaluation date of 1/1/2015 or is inconsistent with A review of the property may result in a value being amount of your tax bill; percentage of increase/	can demonstrate that assessed market value differs from the true market value as of the the assessed market value of other similar properties. g reduced, increased, or remaining unchanged. Appeals cannot be based on: the /decrease from previous assessments; or your ability to pay the tax bill. of the following applies to your property. (Mark one or both)
The property is not appraised at true market value	as of 1/1/2015.
The property is not equally appraised as compared	d to similar properties.
	support your value. Examples could include: recent appraisals, ge or issues, or sales between 1/1/2013 and 1/1/2015 of similar properties.
Section 1	
What do you believe the market value was as of 1/	/1/2015? * \$
What evidence do you have to support this market	value?
Are there any unusual circumstances that may affe	ect the property value?
Was the parcel purchased between 1/1/2013 and 1	1/1/2015? Yes No 🔲
If yes, what was the date and price?/	/\$
Section 2	
Why do you believe this property is not equally app	oraised to similar properties?